

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

Request to:

- ☐ Change Placement
☐ Revise Dispositional
Order/Consent Decree
☐ Extend Dispositional
Order/Consent Decree
☐ Review Permanency Plan

Name

Date of Birth

Case No. _____

Child/Juvenile's Street and City Address

Father's Name

Father's Address

Mother's Name

Mother's Address

Guardian, Legal/Physical Custodian

Address

Other

Address

I REQUEST THE COURT: (Check all that apply in sections 1-4.)

☐ **1. Change the placement as of** _____.

Give the reason for the new placement, why it is preferable and how it satisfies treatment plan. ☐ **See attached**

Name and address of proposed placement _____

☐ The child/juvenile is placed out of the home.

a. Placement in the home at this time is contrary to the welfare of the child/juvenile because:

b. Reasonable efforts to prevent removal were (Complete one of the following.)

☐ made by the department or agency responsible for providing services in the following manner:

☐ made by the department or agency responsible for providing services, although an emergency situation resulted in immediate removal of the child/juvenile from the home.

☐ not required under §48.355(2d) or §938.355(2d). _____

☐ **2. Revise the dispositional order/consent decree.**

Specify in detail the revisions requested: <input type="checkbox"/> See attached _____
Because of the following new information:

☐ **3. Extend the current dispositional order/consent decree.**


Date current dispositional order/consent decree expires	Date dispositional order/consent decree should be extended to
Because of the following reasons: <input type="checkbox"/> See attached. _____	

- ☐ **4. Review permanency plan. Permanency plan**
- ☐ is attached.
☐ is on file with the court.
☐ will be provided to the parties five days prior to the hearing.

Date of last review hearing	Hearing must be held on or before
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DISTRIBUTION:

1. Original - Court
2. Child/Juvenile and Attorney
3. Parents/Guardian/Legal Custodian/Attorney (if any)
4. Social Worker
5. Physical Custodian
6. District Attorney/Corporation Counsel
7. Guardian ad Litem
8. Court Appointed Special Advocate
9. Other: _____

 _____ Signature	
_____ Name Printed or Typed	
_____ Date	